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MILBANK MEMORIAL FUND

# QUARTERLY BULLETIN

NEW YORK HEALTH DEMONSTRATIONS

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## THE TREND OF RURAL AND URBAN TUBERCULOSIS MORTALITY

*A Summary of a Recent Study made by the  
Research Division of the Milbank Memorial Fund*



THE fact that Cattaraugus County has maintained a tuberculosis death rate for four successive years below any annual rate previously recorded in its history has served to add to the increasing interest in rural health problems, particularly tuberculosis prevention. More specifically, it invites more intensive scrutiny of the course of mortality from this disease in rural areas. What has been the trend of the tuberculosis death rate in country districts during the last thirty years? What outlook for the immediate future is afforded by records of the past decade and by our knowledge of probable changes in rural conditions? How does the course of the rural tuberculosis rate compare with that of the urban rate in

the light of the fact that the campaign against the disease in rural areas has not been carried on with the same degree of organization and thoroughness as in many cities?

These are but a few of the important questions open to inquiry. Dr. Allen K. Krause, in a recent editorial in the *American Review of Tuberculosis*, voiced the keen interest in the subject in the following words:

"If, under present conditions of environment and organized propaganda, the trend of tuberculosis is away from our cities and toward our rural sections, it is of enormous importance to discover the fact; as well as whether the country districts of agricultural states and sections are going the same way as those of highly developed industry. Accurate information on these points should give us more exact testimony of the influence of social hygiene than we have ever had heretofore, and will make clearer the directions of future effort. If rural tuberculosis is really holding its own, or increasing, while that in the cities is retreating, the fact is *prima facie* evidence that the far-flung organizations of the cities are working to effect while rural *laissez faire* is paying the penalty

WHAT effect correction of the death rates from tuberculosis for residence of the decedent had upon the trend of mortality from this disease as indicated by the crude rates reported from certain rural and urban communities in New York State, is discussed in the leading article of this issue of the *Quarterly Bulletin*. This summarizes a study made by the Research Division of the Fund, which will appear later in *The American Review of Tuberculosis*. On page 12 is presented the current mortality rates from tuberculosis in Cattaraugus County.

of its inaction."

Unfortunately we cannot use the officially recorded death rates from tuberculosis for rural and urban areas because

they do not tell the story in a manner suited to our purpose. The chief trouble arises from the procedure of tabulating deaths according to *place of death* instead of according to *place of residence of the decedent*. In the case of tuberculosis deaths this procedure results in peculiarly inaccurate statistics for the particular reason that many tuberculous persons die away from their homes in sanatoria and other institutions or

in places where the environment is thought to be more favorable for their recovery. Thus, the death rate for a rural area may appear to be higher than it actually is because many city people affected with tuberculosis in an advanced stage come to the country and die there, especially if the particular rural area contains a tuberculosis sanatorium. Conversely, the reported urban rate is too low. Obviously it is necessary to correct our statistics for residence of decedents before we can ascertain the trend of tuberculosis death rate either in urban or in rural populations and before we can compare the urban and rural statistics.

Recently two attempts have been made to find out what



the tuberculosis death rate actually is for urban and rural populations in New York. Dr. J. V. DePorte, director of the bureau of vital statistics of the New York State Department of Health, reallocated according to residence all of the deaths from the disease occurring in 1926\* and found that the rural rate was 59.4 per 100,000 population instead of 87.5, and that the urban rate (exclusive of New York City) was 83.2 instead of 70.4. The rate for New York City when corrected was 102.5 instead of 92.9. Miss Jessamine Whitney, statistician of the National Tuberculosis Association, partially

\*DePorte, J. V., Recorded and Resident Death Rates from Tuberculosis in New York State in 1926. *American Review of Tuberculosis*, June, 1928, xvii, 634-662.



corrected the rates for rural areas in New York State for the years 1917-1924\* and found that they were considerably lower than the officially recorded rates. Clearly the correction for residence is an extremely important matter.

The correction of the rates for a period long enough to compare the urban and rural trends would be an extremely laborious undertaking even if the data were easily accessible. But, with

these two studies as a starting point, probably a fair approximation of the real trend of rural tuberculosis mortality can be arrived at by a somewhat different and less arduous method. This method is to select an area in New York State which has been and is essentially rural and whose recorded tuberculosis mortality would not be affected seriously by conditions that result in the inaccuracies already referred to, and to consider its tuberculosis death rate as representative of the rural population.

Obviously the value of this method is dependent upon the

\*Whitney, Jessamine S., Study of Urban and Rural Tuberculosis Death Rates in New York State. *American Journal of Public Health*, August, 1928, xvii, 978-984.

selection of the area to be used. In making this selection we eliminated those whose recorded rates for 1926 differed considerably from Dr. DePorte's corrected rates as well as those which contained cities having a population as large as 50,000, and state institutions or large private sanatoria, and which did not have county sanatoria. Applying the limitations dictated by these considerations, we had left twelve counties as follows: Chautauqua, Chenango, Columbia, Delaware, Fulton, Herkimer, Jefferson, Montgomery, Ontario, Otsego, Steuben and Tompkins. The resident rate in 1926 for each of these counties differed less than 15 per 100,000 from the recorded rate and for six of these counties the difference was less than 5 per 100,000. The total population of these counties estimated as of 1926 was 742,177 and the tuberculosis death rate as recorded was 63.7 for 1926 compared with 61.6 for the total rural population of New York State (i. e., exclusive of cities having 10,000 or more population) as computed from Dr. DePorte's figures. Thus, the recorded rate for the rural section represented by the twelve counties was only 2.1 per 100,000 above the resident tuberculosis rate for all the rural part of New York State as defined above. It seemed to us, in view of the other considerations set forth, that we had selected a fairly representative section of New York State which has been and is essentially rural and is not affected to a great extent by the factors which result in gross discrepancies between recorded and resident rates. Using this territory in this manner, the deaths from tuberculosis as published by the Federal Bureau of the Census beginning with 1900 through 1915, and by the New York State Department of Health from 1916 on, were compiled and annual rates were computed.

Now if the twelve counties selected can be assumed to have been and to be a fairly representative rural section, the

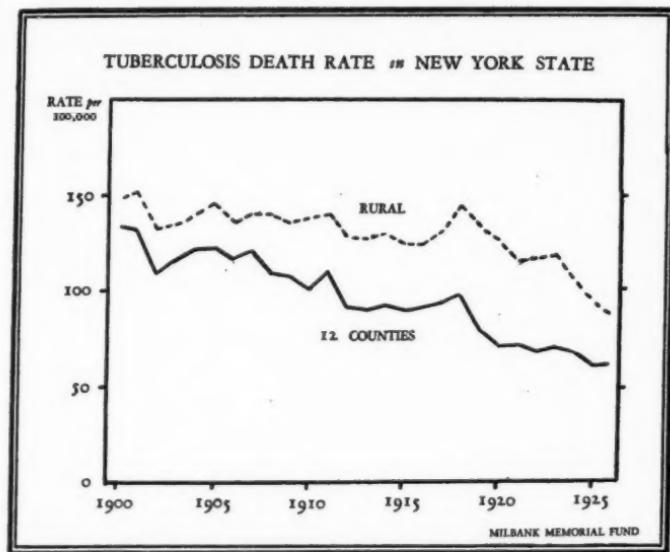


Fig. 1. Annual death rates per 100,000 population from tuberculosis (all forms) as recorded in 1900-1926 for the rural part of New York State (including towns and cities with populations of less than 10,000) compared with those for the entire population of twelve counties selected as typically rural and as not affected by gross discrepancies between recorded and resident rates.

trend of its tuberculosis death rate since 1900 is an interesting epidemiological fact. As shown graphically in Fig. 1, it was lower than the recorded rate for all of rural New York in every one of the twenty-seven years. Up to 1908 correction for non-resident deaths apparently would have had little effect upon the rate; in subsequent years, however, the difference between the two rates increased, at least until 1924. Thus it appears that the downward trend of the tuberculosis death rate in a representative rural section has been greater and more consistent during the twenty-seven year period than the officially recorded death rate for rural New York indicates.

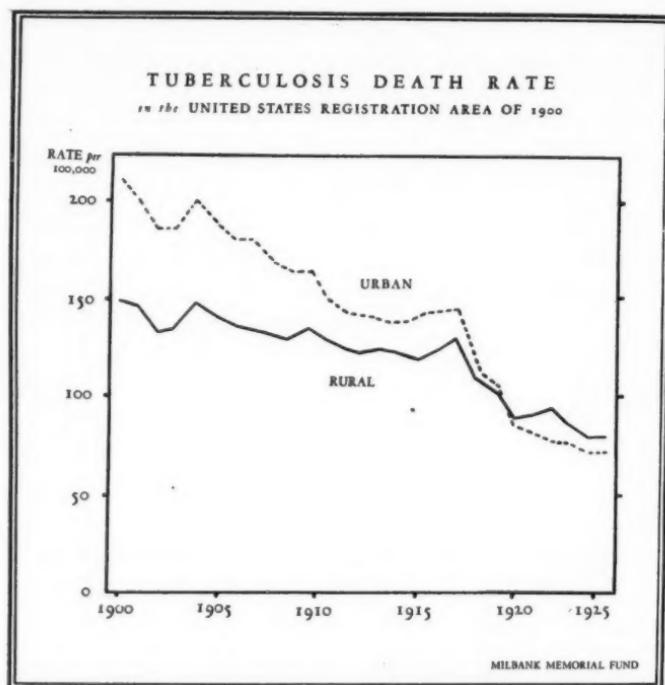


Fig. 2. Annual death rates per 100,000 population from tuberculosis (all forms) as recorded in 1900-1926 for the urban and the rural parts of the original United States registration area of 1900.

If the rural tuberculosis death rate as officially recorded is subject to correction to so great an extent, the urban rate is also subject to correction. Some years ago, the late Dr. Otto R. Eichel furnished us with rates for 1914-1921, corrected for residence, for ten New York cities, namely, Buffalo, Rochester, Albany, Binghamton, Niagara Falls, Schenectady, Syracuse, Troy, Utica, and Yonkers. Considering these ten cities to be a representative urban population, and using Dr. Eichel's and Dr. DePorte's data, we find that the urban rate should have been from 6 to 10 per cent higher than it was

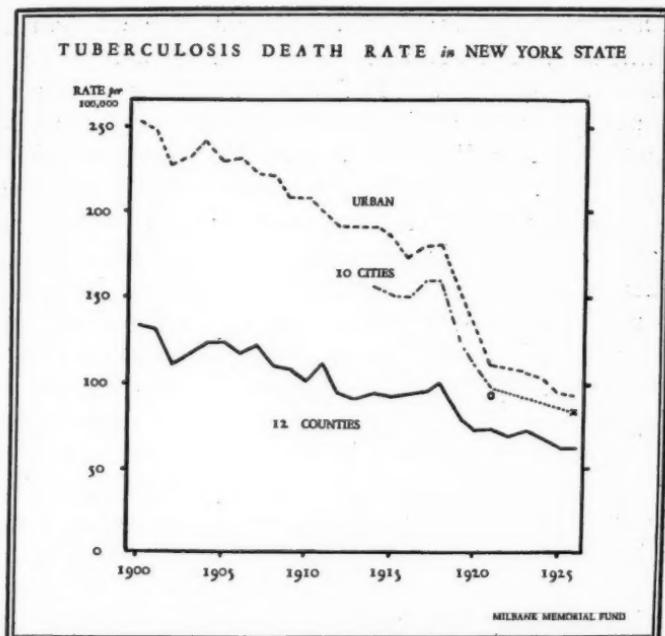


Fig. 3. Annual death rates per 100,000 population from tuberculosis (all forms), 1900-1926, in twelve New York counties selected as typically rural and as not affected by gross discrepancies between recorded and resident rates compared (1) with annual resident rates estimated for the urban part of New York State (including New York City) and (2) with annual resident rates in ten large cities in New York State (exclusive of New York City) for 1914-1921 and 1926.

The ten cities were: Buffalo, Rochester, Syracuse, Albany, Binghamton, Niagara Falls, Schenectady, Troy, Utica and Yonkers. For 1921 the resident rate for twenty-two additional cities is also shown.

officially recorded in 1914-1918 and at least 16 per cent higher in 1919-1926.

It is possible, however, to estimate what the corrected urban tuberculosis death rate for New York State would have been from 1900 through 1926 by a simple arithmetical procedure. The annual differences between the recorded rural rates and the typical rural rates are computed in terms

of numbers of deaths; since these deaths represent the net extent to which the urban rate should be corrected for residence, they are added to the deaths recorded as occurring in urban localities. The urban rates as thus corrected of necessity include New York City and exclude cities of less than 10,000 persons. The reader is referred for details to the more extended report on this study which will appear later, but it may be stated that these estimated urban rates as corrected, follow closely the trend of the rate for the ten cities from 1914 to 1927 although on a somewhat higher level because they include New York City, and check with Dr. DePorte's 1926 findings within 5 per cent. It is believed that they are reasonably close approximations to the urban rates if corrected.

We are now in a position to compare the picture afforded by the *recorded* urban and rural tuberculosis death rates with that afforded by the probably more accurate rates we have arrived at. Such a comparison is afforded in Figs. 2 and 3.

Considering the more correct picture shown in Fig. 3, it is indicated by all of the available data that throughout the period 1900-1926 the urban tuberculosis death rate was higher than the rural.

Finally, the trends of urban and rural rates may be compared. Since it appears that the urban rate was twice the rural rate from 1900 to 1916, and only about 50 per cent higher than the rural rate in 1921-1926, it is clear that the urban rate has been falling faster than the rural in recent years. A comparison of the trends will be more easily seen if the annual death rates are plotted on a logarithmic ordinate scale and one graph is superimposed upon the other, as in Fig. 4. The *rate of change* in the trends is thus made comparable. Two indications yielded by this comparison are of major interest. One is that the trend of both rural and urban tuberculosis death rates from 1900 to about 1916 was essen-

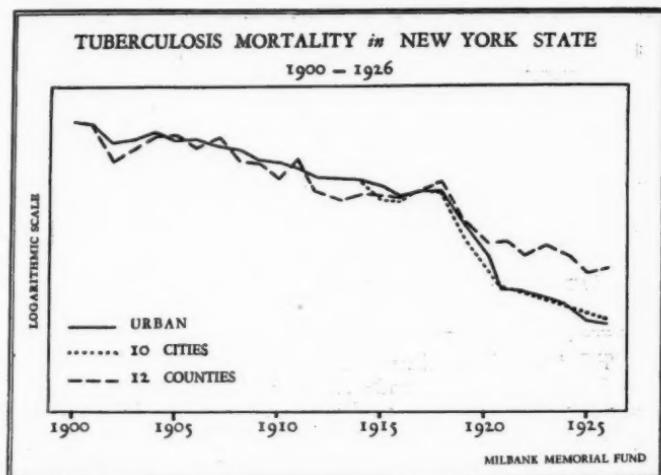
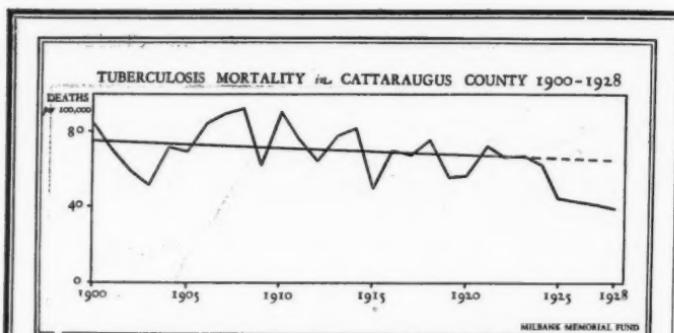


Fig. 4. Same as Fig. 3, but plotted on a logarithmic ordinate scale with contrasted rates for the twelve counties and urban New York State superimposed for 1900 and the rates for urban New York State and the ten cities superimposed for 1914, in order to compare the slope of the graphs.

tially the same. Although the urban rate maintained itself at a ratio to the rural rate of about two to one, the proportionate decline was approximately the same in both populations. This may be interpreted broadly by saying that the *net* change in the course of the tuberculosis death rate in both urban and rural populations resulting from the interplay of various and probably differing factors in two unlike situations was very similar during this period. The other indication is that the forces favoring a decline in the tuberculosis death rate have been more powerful in cities than in country districts since the World War.

What these forces were and how they were interrelated is a subject upon which it is hoped the experience of Cattaraugus County and of other rural and urban areas will throw some light.



THE deaths from tuberculosis recorded in Cattaraugus County for the first eleven months of 1928 indicate that the mortality rate in 1928 will continue on the low level maintained since 1924.

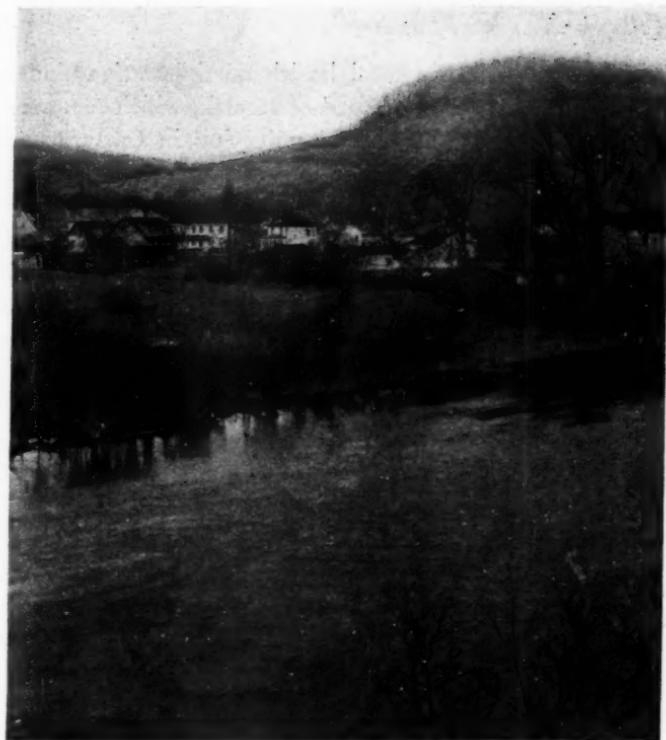
The significance of four consecutive annual rates as low as those for 1925-1928 cannot be judged yet except in the light of the previous experience of Cattaraugus County alone. To compare this reduction with the decline or absence of decline in the tuberculosis deaths in any other area and to try to draw any conclusions as to the possible factors involved would be grossly unwarranted unless the effects of these factors upon the death rate from the disease in all of the areas compared were known with reasonable accuracy. This has not yet been determined for any other area. For Cattaraugus County, however, careful inquiries, statistical and otherwise, have so far failed to indicate any marked change in the conditions possibly involved during the past decade or more except the development of anti-tuberculosis activities that are considered to be efficient by competent judges.

Deaths from tuberculosis (all forms) per 100,000 population in Cattaraugus County, 1900-1928\*

Year	Death Rate per 100,000	Year	Death Rate per 100,000
1900	83.5	1915	50.1
1901	71.1	1916	70.2
1902	58.7	1917	68.2
1903	52.5	1918	76.3
1904	72.6	1919	57.1
1905	69.5	1920	58.1
1906	83.9	1921	73.2
1907	89.4	1922	67.2
1908	92.5	1923	68.1
1909	61.6	1924	63.6
1910	89.2	1925	45.3
1911	76.2	1926	43.7
1912	65.0	1927	42.1
1913	77.9	1928	39.8†
1914	81.8		

\*Indian deaths and deaths of non-residents in the J. N. Adam Memorial Hospital have been excluded.

†Provisional annual rate based on eleven months.



OLEAN, *in* CATTARAUGUS COUNTY,  
EXPERIENCES *a* TYPHOID FEVER EPIDEMIC



DURING the fall of 1928, Cattaraugus County was the scene of one of the most severe epidemics of typhoid fever experienced in recent years in any community of comparable size in the United States. The epidemic was waterborne and was confined to Olean, which with its population of 21,802 is the County's largest city, having control over its own water supply through a local board of water commissioners and administering its public health

affairs through its own local health administration, independently of the County Board of Health, which for more than a half decade has been conducting in Cattaraugus County a health demonstration in rural public health work. There were 238 cases of typhoid fever reported in the County during the first eleven months of 1928. Of these, 224 occurred during September, October and November. Of the total 238 typhoid patients, 205 were residents of Olean, and 33 were residents of other parts of the County, 18 of the latter having contracted the disease in Olean.

Conditions which resulted in the epidemic and responsibility for it were made the subject of an official investigation by Dr. Matthias Nicoll, Jr., New York State Commissioner of Health, at the request of the Mayor and the City Council of Olean, the Council subsequently expressing its gratitude to Dr. Nicoll for his inquiry and informing him that steps had been taken to put into effect several recommendations which he had based upon his findings. The Board of Aldermen instructed its Ways and Means Committee to hold local public hearings on the epidemic, and appointed a special committee to audit "claims presented against the City of Olean for damages sustained or expenses incurred or paid, by reason of" the outbreak. The Council accepted the resignations of the Olean Board of Water Commissioners and of the Health Officer of Olean, found responsible in whole or in part for the epidemic; and the Mayor appointed a new water board and a new health officer.

"The main water supply taken from Olean creek at North Olean and filtered and chlorinated, is and has been of satisfactory sanitary quality, but the water delivered from the auxiliary pumping station at South Olean was badly polluted for some time before the outbreak," according to Dr. Nicoll's report as summarized in the *Health News*, official publication

of the State Department of Health, in its issue of November 26, 1928. "An investigation of the cause of this pollution disclosed a break in one of the submerged suction pipes connecting the wells on one side of the Allegheny River with the pumping station, on the other. As the city discharges untreated sewage into the river above the South Olean pumping station, gross pollution was pumped into the City's mains and reservoirs. The quantity of chlorine added automatically to the water was insufficient to take care of this amount of contamination. Had daily tests for excess chlorine been made as recommended by the Department, the increased amount of chlorine required to produce an excess would immediately have been noticed. Fluctuations in the pumpage during July, August and September together with the findings of *Bacillus coli* in the water (9 out of 16 samples) should have caused an investigation to be made for a leak in the submerged pipe."

In February approximately 1,000 cases of gastro-enteritis developed in Olean, states the *Health News* in its issue of October 15. "The auxiliary supply was suspected and the State Department of Health recommended to local officials that samples of water from the wells be examined regularly when in use and that tests be made daily to determine the presence of the amount of free chlorine necessary for safety. In July a Department engineer visited Olean but found that the auxiliary supply was not then being used. He was told that its further use, except for fire protection, was not anticipated. However, pumping from this supply appears to have been begun again a few days later.

"On September 12, Dr. A. S. Dean, district state health officer located at Jamestown, received a letter from Dr. R. M. Atwater, county health officer, advising of the existence of another outbreak of gastro-enteritis in Olean. It was estimated that there had been 2,500 or more cases. Pumping

from the wells was immediately discontinued. On September 20 the city health officer reported that no new cases of gastro-enteritis were developing. Nine days later typhoid fever cases began to be reported.

"On investigation, it was found that the auxiliary water supply had been used intermittently in June, July, August, and early September. Water samples, examined at irregular intervals, had given presumptive tests for *B. coli* but the results of these tests had not been noted in reports sent to the State Department of Health. Tests for excess chlorine had been made daily when the pumps were in operation up to September 1. However, in September, when much of the pumping was done at night, tests appear to have been made only on two occasions. Discharge of chlorine was supposed to be regulated automatically according to water pressure. Examination of daily pumpage charts revealed what appeared to be a record of a marked fluctuation in water pressure, not yet explained and apparently overlooked by the operator on two occasions and it is suspected that this fluctuation in pressure may have been responsible for reduction in the amount of chlorine applied."

Commissioner Nicoll states further in the text of his report—"Section 46 of the charter of the city of Olean, prescribing the duties of water commissioners, provides as follows: 'It shall be the duty of the commissioners to examine and consider all matters relating to supplying the city with pure and wholesome water. . . .' Direct responsibility, therefore, for the waterborne outbreak of typhoid fever in Olean lies with the Board of Water Commissioners.

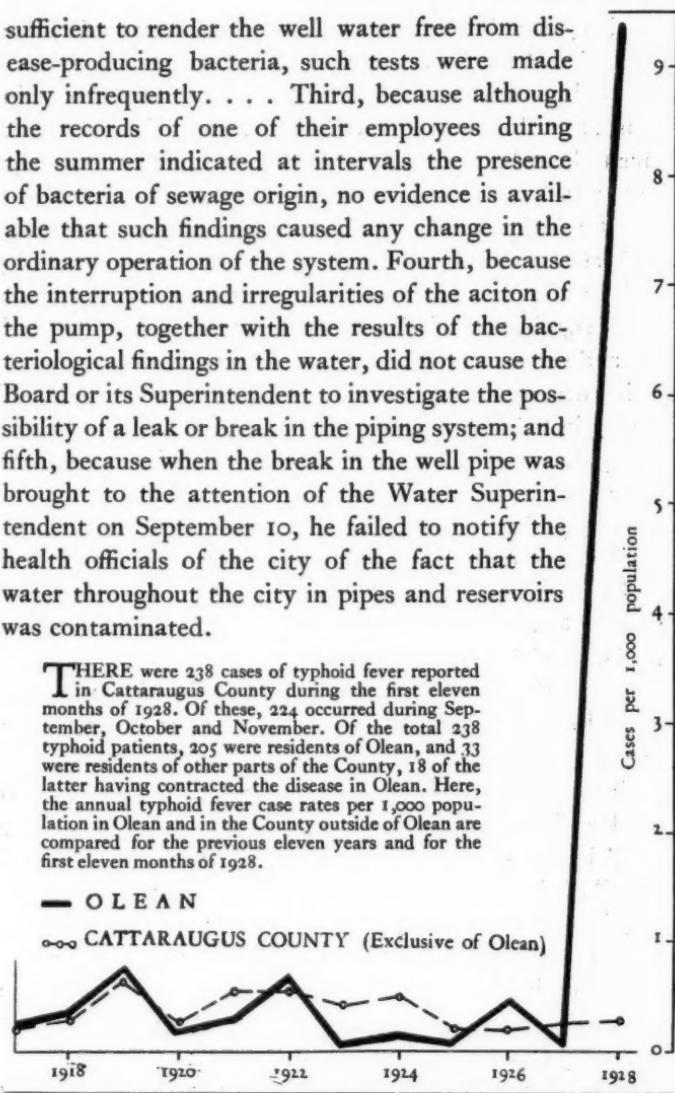
"First, because a submerged well was permitted to remain in the system. Second, because notwithstanding repeated recommendations by the State Department of Health that daily tests be made to insure the use of an amount of chlorine

sufficient to render the well water free from disease-producing bacteria, such tests were made only infrequently. . . . Third, because although the records of one of their employees during the summer indicated at intervals the presence of bacteria of sewage origin, no evidence is available that such findings caused any change in the ordinary operation of the system. Fourth, because the interruption and irregularities of the action of the pump, together with the results of the bacteriological findings in the water, did not cause the Board or its Superintendent to investigate the possibility of a leak or break in the piping system; and fifth, because when the break in the well pipe was brought to the attention of the Water Superintendent on September 10, he failed to notify the health officials of the city of the fact that the water throughout the city in pipes and reservoirs was contaminated.

HERE were 238 cases of typhoid fever reported in Cattaraugus County during the first eleven months of 1928. Of these, 224 occurred during September, October and November. Of the total 238 typhoid patients, 205 were residents of Olean, and 33 were residents of other parts of the County, 18 of the latter having contracted the disease in Olean. Here, the annual typhoid fever case rates per 1,000 population in Olean and in the County outside of Olean are compared for the previous eleven years and for the first eleven months of 1928.

— O L E A N

○—○ CATTARAUGUS COUNTY (Exclusive of Olean)



"Other, though less, responsibility is also attached to the local health officer," Commissioner Nicoll continues.

"Notwithstanding that diarrhea had been prevalent in Olean since the middle of August, the city health officer seems to have been ignorant of the fact until it was officially brought to his attention on September 12. It is difficult to understand why he or his deputy who represented him during his absence September 7 to September 12, both practicing physicians in daily contact with their conferees, took no official cognizance of diarrheal disease involving several thousand persons within their jurisdiction, especially in view of the occurrence of a similar waterborne outbreak of diarrhea in February of the same year.

"Regulation 41-A of Chapter 11 of the State Sanitary Code requires the health officer to 'exercise due diligence in discovering the occurrence' of 'an outbreak or an unusual prevalence of diarrhea' and to report the fact immediately 'to the State Department of Health by telegraph or telephone.' The city health officer and his deputy failed to carry out the provisions of this section.

"Under the provisions of Section 20-b of the Public Health Law, Cattaraugus County has been constituted as a General Health District, with a county health officer duly appointed 'with all the powers and duties conferred upon local health officers by any law or laws or by the Sanitary Code.' Under paragraph 2 of this section, the Mayor and Council of the City of Olean duly 'consented thereto.' However, it seems to have been understood, if not formally agreed to, that the county health officer should not exercise jurisdiction in the City of Olean in any way except that he should direct the tuberculosis work done in the city and that the county laboratory should be available for city use."

Commissioner Nicoll's recommendations were that daily

bacteriological examinations of the water supply be made and that tests for excess chlorine be carried out at least twice daily; that a report of the findings and of the tests be forwarded daily to the county and city health officers, and if any contamination was discovered that it be reported immediately; that reports of any unusual prevalence of enteric disease should be made immediately to the State Department of Health and to the local water officials; that the South Olean pumping station be abandoned as soon as possible, and the capacity of the North Olean plant be increased to meet additional needs; that a professionally trained operating personnel with suitable experience in waterworks and sewage disposal operation be employed; and that sufficient appropriations be provided to insure the satisfactory maintenance of service. He also recommended that the county health officer should be authorized to act as city health officer, or the city health officer should act as his deputy in fact as well as in theory and cooperate with the county health officer at all times.

The Olean city authorities and townspeople were prompt in organizing the community's resources to control the epidemic. Under leadership of the Mayor and the local health officer, the local medical, civic and business groups gave whole-hearted cooperation to this end. The Olean Common Council has petitioned the State Legislature to authorize the issuance of municipal bonds in the amount of \$350,000 to defray costs incurred by the city health officer in meeting "all necessary hospital and nurses' bills and other expenses incident to the care and treatment of typhoid fever patients and to the prevention of the spread of the disease." A special committee on Emergency Hospital Facilities was appointed by the physicians of Olean, and two emergency hospitals were opened, thus providing a total of four at

which patients were received. Typhoid vaccine inoculations were given children in the schools, while other residents of Olean were inoculated by private physicians, and at a clinic maintained by the city health department.

Generous assistance was also forthcoming from the outside. Commissioner Nicoll assigned Dr. B. E. Roberts, epidemiologist of the State Department of Health, to duty in Olean. The Cattaraugus County Board of Health placed all of its facilities at the disposal of the City and State health authorities, enlarging the staff and equipment of the County Laboratory to meet the increased demand for its services. An hourly visiting nurse service was organized with nurses from the County Department of Health and two nurses from the Catholic Charities. The County nurses who were brought to Olean were used for bedside work, for follow-up on disinfection procedures, and as agents of the City of Olean in relief work. The County Health Department staff handled a considerable share of the clerical work. The American Red Cross, through its local chapter, organized the private duty nurses, over one hundred of whom were on duty at the height of the epidemic, many of them being procured from Buffalo and from Jamestown.



# NEWS DIGEST

of the NEW YORK HEALTH DEMONSTRATIONS

UNDER the title "Health Program Goes On," the *Salamanca Republican-Press*, on November 22, 1928, published the following editorial: "Without opposition, the Board of Supervisors has appropriated \$66,000 for continuing next year (1929) the public health program which has become widely known as the 'Cattaraugus County Health Demonstration.' Half of this amount will come back to the county in the form of state aid.

"The fact that the county board, charged with determining of appropriations and the levying of taxes, has authorized the expenditure, is the strongest possible proof of the place which this program of public health has won in the esteem of Cattaraugus County people. The present is a time of high taxes. Cattaraugus County is feeling as never before the cost of its fine system of public highways, constructed during recent years, and other ex-

penses are high. County budgets have attained a size undreamed of only a few years ago.

"The members of the Board of Supervisors are elected for only two-year terms. They must go back to their constituents every alternate twelve-month. They know that the tax rate will be scrutinized when they are up for re-election, and that they will be called on to justify their action in regard to appropriations. They would not authorize these expenditures under the direction of the County Board of Health unless they felt assured that public sentiment was behind them.

"Thus we have in this unanimous appropriation an impressive demonstration of the capacity of the people of this county to comprehend and evaluate such a public health program as has been put into effect here through the assistance of the Milbank Fund, and

### *Milbank Memorial Fund*

of their readiness to accord the support essential to its continuance."

**O**N the basis of resolutions from their respective boards, presented by Victor Lynde, chairman of the Cattaraugus County Board of Supervisors, and John Walrath, president of the County Board of Health, and upon recommendation of the Technical Board of the Milbank Memorial Fund, the foundation's Board of Directors on December 11, 1928, authorized continued, though diminishing, participation of the Fund in the rural health demonstration in Cattaraugus County for the year 1929.

\* \* \* \* \*

*RESOLUTION adopted by  
the BOARD of SUPERVISORS of  
CATTARAUGUS COUNTY inviting the  
MILBANK MEMORIAL FUND to  
continue in 1929 its financial participation  
in the CATTARAUGUS COUNTY HEALTH DEMONSTRATION*

—

To the Directors of the Milbank Memorial Fund:

**R**ESOLVED, That the Board of Supervisors of Cattaraugus County express appreciation to the Directors of the Milbank Memorial Fund for their participation during the past six years in the health program for Cattaraugus County. The Board notes with satisfaction the confi-

dence placed in the local authorities for proper administration of the funds and the assistance rendered in making the promotion of health possible on a county-wide basis through local authorities. The Board of Supervisors of Cattaraugus County extend to the Directors of the Milbank Memorial Fund a cordial invitation to continue their valued assistance during the coming year.

*December 7, 1928*

\* \* \* \* \*

*RESOLUTION adopted by  
the BOARD of HEALTH of  
CATTARAUGUS COUNTY requesting  
the MILBANK MEMORIAL FUND to  
continue in 1929 its financial participation  
in the CATTARAUGUS COUNTY HEALTH DEMONSTRATION*

—

To the Board of Directors of the Milbank Memorial Fund:

**W**HEREAS, the generosity of the Milbank Memorial Fund has made it possible for the County Board of Health to begin and, during the past six years, to develop a valuable public health program for the conservation of health in Cattaraugus County, and

**W**hereas, the experience of the past six years has convinced the County Board of Health that the marked decline in the tuberculosis deaths and infant mortality and the increased interest in health education in the county, particularly in the more rural parts, has shown the necessity of public health activities on a county basis, and

**W**hereas, the County Board of Health is of the opinion that a continuation of the present program

will produce a still greater decrease in morbidity and mortality in Cattaraugus County, and

*Whereas*, the County Board of Health believes that, while county funds now support and can support an increasingly large part of the present program, the time has not yet come when it is possible for the county to assume the entire financial support of an adequate health program;

**THEREFORE, BE IT RESOLVED:** That the County Board of Health, in its regular session, hereby expresses to the Board of Directors of the Milbank Memorial Fund its most sincere thanks and warm gratitude for the information, advice and generous financial aid furnished to this Board and, through the Board, to the people of this county by the Milbank Memorial Fund, and

**RESOLVED**, That the County Board of Health proffers hereby an earnest request to the Board of Directors of the Milbank Memorial Fund that its very generous and deeply valued aid to this Board and to other public and voluntary health agencies of this county be continued, so that their present activities for the health and welfare of the people of this county may be continued until the county itself may be able to assume them.

R. M. ATWATER, M.D.  
Secretary

JOHN WALRATH  
LILLA C. WHEELER  
V. R. LYNDE  
MYRON E. FISHER, M.D.  
JAMES A. TAGGERT, M.D.  
W. A. DUSENBURY  
M. L. HILLSMAN, M.D.

A similar resolution was passed by the County Tuberculosis and Public Health Association, and the continued aid of the Fund in financing the health work in the County's schools was also asked by the County Board of School Superintendents on December 14.

**T**HE second county health unit to be formed in New York State was established on August 27, 1928, in Suffolk County, when the County Board of Supervisors by unanimous vote created a County Department of Health.

Under the plan adopted, \$25,000\* has been set aside for the first fifteen months of activity of the new unit. The work will be administered by a board of seven members, consisting of the chairman of the board of supervisors, three physicians of the County, and three laymen. Members of the board will serve without pay, but will be allowed their necessary expenses. The staff will include a county health officer, a clerk, a milk inspector, and four public health nurses. Town health officers will automatically become deputy commis-

\*Under the provisions of Chapter 278 of the laws of the State of New York for 1924, one-half of this amount is returned in the form of State aid.

sioners of health, but will be appointed by their respective town boards of supervisors as at present.

Establishment of a county-wide unit for administering their public health work is under consideration in two other counties in New York State. The Erie County Board of Supervisors recently appropriated \$10,000 for the employment of three county nurses to work exclusively in the rural districts of the County under the State aid plan; and the Chautauqua County Medical Society has passed resolutions favoring the establishment of a county health department.

Seventy-seven counties in the United States established whole-time county or (local) district health officer service during 1927, bringing the total county departments in operation throughout the country to 414. "It becomes more and more evident to those with practical experience in the public health field that agencies concerned with the promotion of specialized health activities, such as typhoid fever prevention, hookworm control, tuberculosis prevention, malaria control, venereal disease prevention, or child and maternity hygiene, can perform most ef-

fectively and economically by dovetailing their specific activities in with and making them a part of a well-balanced comprehensive program of local official health service under the immediate direction of qualified whole-time local health officers," writes Dr. L. L. Lumsden of the United States Public Health Service, in commenting on this increase.\*

ON January 1, 1929, Dr. Edward T. Devine became executive officer of the Bellevue - Yorkville Health Demonstration, Dr. Leverett D. Bristol, the former executive officer, having resigned to accept a position in industrial health work with the American Telephone and Telegraph Company, in New York City. The metropolitan unit of the New York Health Demonstrations has been operating for the past three years, under the leadership of the Community Health Council, which is composed of the New York City Department of Health and various other official and voluntary agencies.

Dr. Devine has a record of over thirty years service in the

\*Lumsden, Dr. L. L., *Extent of Rural Health Service in the United States, 1924-1928, Public Health Reports of the United States Public Health Service*, April 13, 1928.

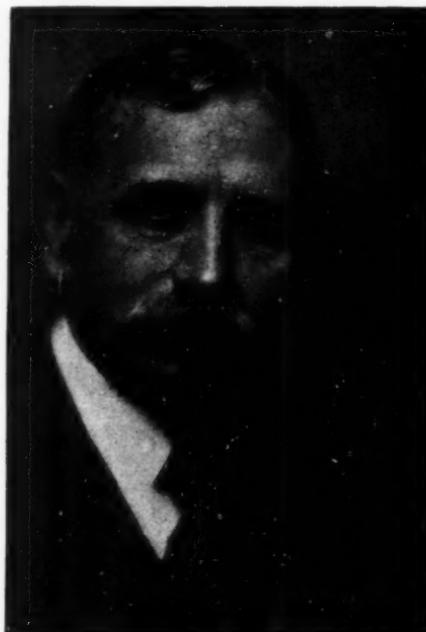
field of social work. He was secretary of the Charity Organization Society of New York for twenty-one years; associated with *Charities* and *The Survey*, either as editor or as associate editor, for fifteen years; and for fourteen years he was professor of Social Economy in Columbia University, the periods overlapping, so that he held two, three and sometimes four positions in most years.

He came to New York in 1896 as secretary of the Charity Organization Society, and from that time he has been one of the leaders in the social work of the country. He founded the periodical *Charities*, which developed into *The Survey*. Tenement house reform, the prevention of tuberculosis, and other then novel activities were undertaken by the Society during his term of office, and were so quickly and widely adopted in other cities that they have already become familiar agencies in

all parts of the country. A summer training class was established, from which grew the New York School of Social Work.

Dr. Devine was special representative of the American Red Cross in charge of relief in San Francisco after the great fire of 1906, and in Dayton, Ohio, after the floods of 1913. In 1916 he spent six months in

EDWARD T. DEVINE, PH.D., LL.D.  
appointed on January 1, 1929, as executive  
officer of the Bellevue-Yorkville Health Dem-  
onstration.



Russia, as special agent in the American Embassy. During 1917-1918, he was in charge of the Bureau of Relief and Refugees of the American Red Cross in France. He was president of the National Conference of Charities and Correction in 1906; president of the sociological section of the International Congress on Tuberculosis when it met in America for the first time, in 1908; one of the founders of the National Child Labor Committee and the National Tuberculosis Association; chairman of the Committee on Industrial Relations for the first months of its existence; and a member of the United States ("Fact-Finding") Coal Commission of 1922-1923. Dr. Devine is widely known as a lecturer and counsellor on social economy. He resigned his post as Dean of the Graduate School of the American University to come to the Bellevue-Yorkville Demonstration.

Among his books are the fol-

lowing: *Coal* (1925); *Social Work* (1922); *Disabled Soldiers and Sailors* (1919); *The Normal Life* (1917); *The Family and Social Work* (1912); *Misery and Its Causes* (1909); *The Principles of Relief* (1904); *The Practice of Charity* (1901); and *Economics* (1898). He is also editor of the *Social Welfare Library* and has written hundreds of magazine articles; pamphlets, conference addresses and other occasional papers.

Dr. Leverett D. Bristol has been associated with the New York Health Demonstrations since their inauguration in 1923, holding the position of county health officer of Cattaraugus County—the first such officer to serve in New York State—and then, in 1925, becoming the first executive officer of the Bellevue - Yorkville Health Demonstration. He is a graduate of the Medical Department of Johns Hopkins University and of the Harvard University Medical Department.



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